



**CITY OF KEY WEST**  
PO Box 1409 (1300 White St.)  
Key West, FL 33041  
licensing@cityofkeywest-fl.gov

***BUSINESS TAX RECEIPT  
APPLICATION***  
***RETAIL / WHOLESALE / MAIL ORDER***  
(Revised 10/2017)

**Application Type:** ☐ New **Date:** \_\_\_\_\_  
☐ Transfer: BTR # \_\_\_\_\_ Fee: \$ \_\_\_\_\_

**Property Gross Square Footage:**

☐ 11A: 0-500 (\$143/yr.) ☐ 11C: 2001-5000 (\$281/yr.) ☐ 11E: 10,001-25,000 (\$661/yr.)  
☐ 11B: 501-2000 (\$203/yr.) ☐ 11D: 5001-10,000 (\$463/yr.) ☐ 11F: 25,000+ (\$992/yr.)  
Pro-rated fee: \$ \_\_\_\_\_

Business Name ***(attach all state registrations (corp. / LLC / DBA) – www.sunbiz.com):*** \_\_\_\_\_

Business Address ***(attach copy of lease or deed):*** \_\_\_\_\_

Business Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ EIN or last 4-digits of SSN: \_\_\_\_\_

State Sales Tax Resale # ***(attach certificate – www.floridarevenue.com):*** \_\_\_\_\_

Requested Permits: ☐ Custom Wearing Apparel ☐ Cosmetics  
☐ Sign over right-of-way ☐ Home Occupation (No Retail)

**Transfers only:**

☐ Ownership change – Previous Owner: \_\_\_\_\_

☐ Location change – Previous Location: \_\_\_\_\_

\*\*\*\*\*

This Business Tax Receipt is being issued in accordance with Chapter 66, City of Key West Municipal Code. By signing below, I certify that the above information is true, complete, and correct.

Signature: \_\_\_\_\_

\*\*\*\*\*

**Notary:** State of \_\_\_\_\_, County of \_\_\_\_\_

The foregoing instrument was acknowledged before me on this \_\_\_\_ day of \_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

Notary signature: \_\_\_\_\_ Produced ID: \_\_\_\_\_

☐ Personally known

**Office Use Only:**

Licensing Rep.: \_\_\_\_\_

Date: \_\_\_\_\_ BTR #: \_\_\_\_\_